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Correspondence

Europe's response to COVID-19 in March and April 2020 - A letter to the editor on "World Health Organization declares global emergency: A review of the 2019 novel coronavirus (COVID-19)" (Int J Surg 2020;76:71-6)



Dear Editor,

We read with great interest the article by Sohrabi et al. on the state of emergency declared by the World Health Organization in response to the outbreak of the 2019 novel coronavirus, SARS-CoV-2. Their article outlined the initial outbreak of the disease, transmission, symptoms, management and a lack of swift action to contain the virus within Wuhan [1].

In this letter, we have updated the data to reflect the significant increase in European case numbers, and have included relevant statistics to highlight the measures being applied in Europe to reduce the spread of SARS-CoV-2, and to describe recent efforts to develop treatments for SARS-Cov-2.

When Sohrabi et al. published their article, the number of global cases stood at 90,870 with just over 3000 deaths, and China had the highest number of cases [1]. The epicentre of the outbreak has since shifted to Europe, affecting Italy and Spain the hardest. As of 14th April 2020, the number of *confirmed* cases globally reached 1,844,863, with the true number likely to be far greater than this [2].

Italy was the first European country to go into nationwide lockdown on 9th March 2020, closing all pubs, restaurants, bars and schools; allowing only supermarkets and pharmacies to remain open. Police are ensuring that only those going out to buy medicine or food are allowed out. This was unprecedented as Italy's first two cases occurred just five weeks earlier. When Prime Minister Conte had declared national lockdown, the number of confirmed cases in Italy had already risen to a staggering 7372, with 366 confirmed deaths as a consequence of COVID-19 [2].

On 14th April 2020 Italy had 159,516 confirmed cases, almost double China's confirmed case number of 83,696. 53,724 new cases were confirmed in Italy from 1st to 14th April alone. Contrastingly, China's case numbers have been more stable, confirming just 1065 new cases in the same time period [2]. In March, Spain was the second most affected European country and officially declared a state of emergency on 14th March 2020 with bans on leaving home except to buy food, medicines or to work; by then, there were already 4231 confirmed cases in Spain. On 5th April, Spain's confirmed case number overtook Italy's with 124,736 confirmed cases to Italy's 124,632 [2].

Early lockdown of a country seems to be the key to contain the disease. Some European countries went into lockdown at much lower confirmed case numbers. Poland went into lockdown on 13th March 2020 with 29 confirmed cases; as of 14th April 2020, there were 6934 confirmed cases in Poland. Another example is Czechia going into lockdown on 16th March with 298 cases; on 14th April 2020, Czechia

had 6059 confirmed cases [2]. Despite case numbers generally increasing across Europe, the numbers of Poland and Czechia pale massively in comparison to those of Italy and Spain who implemented lockdown at 7372 and 4231 cases respectively.

On 14th March 2020, the United Kingdom and the Netherlands had almost identical case numbers; 802 confirmed in the UK, 804 in the Netherlands [2]. However, their respective approaches to contain the disease differed massively. The Netherlands went into lockdown on 16th March 2020 but the United Kingdom delayed this until 23rd March 2020. By 14th April 2020, the United Kingdom had over three times the confirmed cases of the Netherlands – 88,625 compared to 26,551 [2].

There have been some positive developments on the efforts to test and treat the disease. University College London's Mechanical Engineering department have developed a continuous positive airway pressure (CPAP) device that can be produced rapidly; it has already been used extensively in Italy and China. Use of this device significantly reduces the need for invasive mechanical ventilation and has been approved for use in the United Kingdom's National Health Service [3]. Attempts at developing a vaccine are being done across the world in the USA, China, Australia, India and several pharmaceutical companies [4]. Hydroxychloroquine has shown in vitro efficacy against SARS-CoV-2 replication and is undergoing human trials in China [5].

Lockdowns in Europe will likely be extended to include much of April. It remains to be seen how long it will take for the number of cases in Europe to plateau. Furthermore, it will be fascinating to see whether vaccine and medication trials will yield success in the battle against SARS-CoV-2.

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Mr Shuliang Oliver Cheng was the lead author of this letter.

Mr Shehryar Khan was also an author on this article and helped with data analysis and rewriting parts of the article.

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Mr Shuliang Oliver Cheng and Mr Shehryar Khan accept full responsibility for this commentary article.

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Declaration of competing interest

We, Mr Shuliang Oliver Cheng and Mr Shehryar Khan, do not report

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